MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08286 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Doy 20. DATE KNOWN Month Yeor (Type or Print) Kenneth Eugene Howe Jr. DEATH MATED D 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3 SEX S. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD 24 HOUR-15 yr 9/19/52 white male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 2 9. COUNTY OF DEATH U.S.A. DIVORCED [Caroline Maryland WIDOWED [in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress tan Branch Rd. during most of working life, even if retired.) none Federalsburg. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Caroline Federalsburg VES CXNO [odmission) STATE Houstan Branch Rd. pages lond 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Annie Belle Howe Sr. Kenneth Eugene Howe haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** pencil (Yes, no, or unknown) (If yes give war or dates of service) Annie B. Howe Federalsburg. none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) be executed buriol-tronsit permit. BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY As CAUSED BY: Asphyxiation due aspitated vomitus pending DUE TO, OR AS A CONSEQUENCE OF forwarded to the Chief Conditions, if ony, which gove (b) and inspired water 10minutes rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse w Fresh water Immersion 1:15Mi nute PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Non Swimmer 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO T please execute the certificate, should be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor MEDICAL PRIMARE OR CONTRIBUTING ther Fell or pushed into deep water CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Coctory office building etc.) FUNERAL DIRECTOR: Poge Federalsburg Caroline Maryland Page 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . and in my opinion Inquiry -Accident [Suicide death resulted fram: Natural couses Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS (Street, city, town, or county) arold B.Blummer M.B. NAME (Type) 50 23b, DATE 7/3/68 23c. NAME OF CEMETERY OR CREMATORY Bloomery Cem. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Federalsburg. Md. RFD. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) ederalsburg. Ma DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1.	DECEASED-NAME	First		Middle		Lost		20. DATE OF	DEATH		2b. HOUR
	(Type or print)	Res	a	Ella	Hu	itson		June	Month 9	Day 1968	620P M
3.	SEX	4.4	4. RACE			S. DATE OF BIR	TH		6. AGE (In year	S IF UNDER 1 YEA	
	Female		Whit	e		July	7, 1	881	last birthdoy)	YRS. MONTHS DA	YS HOURS MIN.
70	o. BIRTHPLACE (Stote o	r foreign	7b. CITIZEN C	OF WHAT COUNTRY?	8. MARRIE	NEVER MARK	RIED	9. COUNTY OF	DEATH		
€(	Marylan	d	U.S	.A.	WIDOWE	DIVOR		Carol	ine		Md
1	). CITY OR TOWN OF D			11. NAME OF HOSPITAL OR II	NSTITUTION (I	not in hospitol		JAL OCCUPATION	(Kind of work of	done 12b. KIND	OF BUSINESS OR
	Rural Go		ro	give street oddress) No	ne		Ho	usewif	life, even if retir	ed.) INDUSTRY	one
		Where deceose	ed lived, if in	stitution: Residence befare	13c. CITY (	OR TOWN	3d. INSIDE CITY		REET AND NUMBE	R	
	Mary land		130. 0001	WY Caroline	Gold	sboro			one		
14	4. FATHER'S NAME	First	Mid	dle Last		1S. MOTHER'S MAI			Midd	lle	Lost
_	Wesle				····	Rach	el A	. Pric			
1	6a. WAS DECEASED EVE Yes na or unknawn)	R IN U.S. ARM	ED FORCES? or or dates of servi	16b. SOCIAL SECURITY		. INFORMANT			Addre		
=	1			220-52-		Medfo	rd H	utson	Greens	boro, l	OXIMATE INTERVAL
	18. CAUSE OF DE	<b>ATH</b> (Enter only H WAS CAUSED	y ane cause   RY-	per line far (a), (b), and (a			~			BETWE	N ONSET AND DEATH
	1/1/2	IMMEDIA	TE CAUSE (a)		nr. G	ngesti	ve C	ard1ac	Failu	ce	
	14/2	0	DUE TO,	OR AS A CONSEQUENCE OF							
	Conditions, if ony,	e cause (o),	(b)	Hyperte	nsive	Arter	iosc:	Leroti	C.V.I	ls.	
	stoting the under		DUE TO,	OR AS A CONSEQUENCE OF	F					The Said	
	last. 443	× ,	(c)								
				TRIBUTING TO DEATH BUT					. ,		
1101	190. DATE OF OPERA	Broo		R WHICH OPERATION WAS P	Gnr. C	2Da. AUTOP	8 t 1 8	18, (C	Recuri	rent Cyr	CERTIFYING
41.00	19a. DATE OF OPERA	170. C	ON DITION FO	K WHICH OFERALION WAS F	EKTOKMED	YES T	NO F	CALISE	OF DEATH?	MOS COMSIDERED II	CEKIIFTING
1000	210. ACCIDENT W	AS UNDERLYING	G 21h Th	ME OF INJURY	210	HOW INJURY OCCU			ry in Port 1 or Po	art 2   Item   18 \	-
1000	OR CONTRIBUTING	CAUSE OF DEATH	HOUR	A.M. Month Doy Yea	r		JAKED (EIII	or motore of mile	17 11 1011 1 01 10	11 2, Holli 10.j	
277		RRED 21e	PLACE OF INJ	URY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	19 ACTORY, \ 21f.	10CATION Street	or R.F.D. N	a. City	or Town	County	State
	While Not what work at war			OFFICE BUILDING, ETC.	/						
	22g. I certify	that (I) (this	s haspital)	attended the decea	sed from	Apr. I	199	57 , ta J1	ine 9	. 19 68 . th	at (I) (we) las
	saw the	deceased ali	ive on	une 9	19 000	nd that in (my	() (aur) a	oinian death	accurred an th	ne date and ha	ir and fram the
	226. SIGNATURE	ated abave,	, (I) (we) (	did) (did nat) view the	bady afte	r death.					
	22b. SIGNATURE	1	//		1	ATTENDING	G 🔼	MED		22c. DATE SIGNED	
	11/1/2	0 \$	7		100			MCD.	STAFF	T 7 /	1100
	lece	ch X		ace for	- VL	REE PHYS.		MED. DIRECTOR	STAFF PHYS.	June 10	168
	22d. PHYSICIAN'S NAME (Type)	ch X		H.Stonesi	- VL	REE PHYS.	RESS	boro, 1		June 10	0168
	22d. PHYSICIAN'S NAME (Type)	N, 23b. D	rles	H. Stonesi	fer,M	REE PHYS.	RESS	boro, 1	Md.  ON (City or Town)	(County)	(State)
E	22d. PHYSICIAN'S NAME (Type) 30. BURIAL, CREMATIO 31. PEMOVAL (Specify)	N, 23b. D	rles	H.Stonesi 23c. NAME OI 1968 Gree	fer, M	PHYS.  22e. ADDR  C CREMATORY	eens]	23d. LOCATH	Md.  ON (City or Town)  nsboro	(County)	(State)
E	22d. PHYSICIAN'S NAME (Type)	N, 23b. D	rles	H.Stonesi 23c. NAME OI ADDRES	fer, M	PHYS.  22e. ADDR  CREMATORY	RESS eens 2Sa. REC'D	23d. LOCATH Gree BY REGISTRAR	ON (City or Town)  nsboro  25b. REGIST	(County) Carol RAR'S SIGNATURE	(State)
E	22d. PHYSICIAN'S NAME (Type) 30. BURIAL, CREMATIO 31. PEMOVAL (Specify)	N, 23b. D	rles	H.Stonesi 23c. NAME OI 1968 Gree	fer, M	PHYS.  22e. ADDR  CREMATORY	eens]	23d. LOCATH Gree BY REGISTRAR	Md.  ON (City or Town)  nsboro	(County)	(State)

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after^j Page 4 may be retained by the hospital ar attending physician.

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n 24 hours after	5 death. Page 4 r e retained by the hospital or attending physician.	tier death.	
e executed within	d completely	bon papers. Pag- within 72 hours a	9
TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	ding physician an	please remove san	
requires that the	physician. gned by the atten	nsit permit. Then lion, or removal, a	
IAN: The law	ital or attending icate has been si	as the burial-tran	
NDING PHYSIC	sined by the hosp R: After this certif	detached for use	
TAL CATTE	SAL L CTO	age 3 should be	
TO HOSPI	WE TO FUNE	director, page 3 should be detached for use as the burial-transit permit. Then please remove sarbon papers. Pages Tand to be find with the state Deet of Health prior to burial cremation, or removal, and in any event, within 72 hours after death	A.
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DIVISION OF STATISTICAL RESEARCH AND RECORD	DEPARTMENT OF MEALTH  DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  TE OF DEATH  8288
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
. COUNTY Caroline MARYLAND	6. STATE b. COUNTY  Maryland Dorobasters
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL and give nearest town) Ridgley 3 months	Hurlock R. F. D.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
DeFord Nursing Home	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) Lewis McKinley	Parks Death June 7 19 68
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WHOWED TX DIVORCED	Dec. 29. 1896 71rs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	(RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Lumberman  Lumberman	Grayson County. Va. U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A. Jackson Parks	Eliza E. Bonnams
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Hyesgivawarordetesofservice)  NO  NO  NO  229-18-1749	Secil Parks. Hurlock. Md. R. F.D
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)e	ONIGET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	I heaveture minute
4100 PUE TO A A	
Conditions, if any, which ) (b) While Conditions, if any, which )	landed Hipsterine 12 year
geve rise to immediate cause	
(a), stating the underlying Source (c) Cardin Va	on Day Dogones
	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
20a, ACCIDENT WAS UNDERLYING 1 20b. RESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Part II of item 18.)
208. ACCIDENT WAS UNDERLYING   206. RESCRIBE HOW INJURY OCCURE OF CONTRIBUTING   CAUSE OF DEATH   CAUSE OF D	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
	ctoly, street, office bldg., etc.)
	104 lb de 8 - 1 tone 7 de 8 4 10 ( ) 4
21. I certify that (I) (this haspital) attended the deceased from	1. 11 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/
	at death occured al
21. SIGNATURE	ATTENDING MED. STAFF SIGNED
	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) W. A. Anderson, M. D.	T) entra
	OR CREMATORY   23d, LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial June 10, Concord	Cometery Federalsburg R. F. D. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 1111 1 0 10
Harvy William - Federal	sburg, DATE JUN 13 1968 ycharle Under

CONTRACTOR OF STREET AND THE STREET AND THE STREET 20A24 70 8 3 3 4 4 4 BOOK STANDED OF THE PROPERTY OF THE PARTY OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38289

н				CEKIIFICA	ALE OF DEA	п				N. S. S. S. S. S. S. S.
	ECEASED-NAME First		Middle		Last	20.	DATE OF	DEATH		2b. HOUR
(	Type or print) Balte:	c		Rave	r	Ju	me	Month 7 Do	1958	1150Pm
3. S	EX	4. RACE			S. DATE OF BIRTH			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	W	hite	HOUSE !	Mar. 31	, 189	96	lost birthday)	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (State or foreign ntry) Penna.	76. CITIZEN	OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		UNTY OF			
_	CITY OR TOWN OF DEATH	0.0	111. NAME OF HOSPITAL OR IT					(Kind of wark dane	TOP KIND O	Md. F BUSINESS OR
	reensboro		1	None				House P		L BOSINESS OK
	USUAL RESIDENCE (Where decease		institution: Residence before		sboro YES	DE CITY LIMITS?	Non	REET AND NUMBER		
14.	FATHER'S NAME First	1	iddle Last		MOTHER'S MAIDEN I			Middle		Last
1	William	Rav	er	23.4	No Reco	rd				
160	. WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY	'NO. 17. IN	FORMANT			Address		
	Yes, no or unknown)	r or dates of se	213-22-7	318 Li	llie Ra	ver G	ree	nsboro,	Maryl	and
	18. CAUSE OF DEATH (Enter onl	v one couse					DA E		APPROX	ONSET AND DEATH
	PART I. DEATH WAS CAUSED	ву:			estive (	'emit	00 F	ad Turno	Detween	OHSET AND DEATH
	LLQ 2 V IMMEDIA	TE CAUSE (c	O, OR AS A CONSEQUENCE OF		35 61 78 6	73.1 4.1.	ac r	allula		1000
	Conditions, if ony, which gove		Mhmas		onchial	Agth	m 0			
	rise ta immediate couse (a),	,	O, OR AS A CONSEQUENCE OF		onomial	Wo CIT	ца			
	stating the underlying cause	DUE I	chr. Con		a Pullmor	19 2077	am m M	TGOMO		
п	PART 2. OTHER SIGNIFICANT CON	DITIONS CO					- PI W			
	5071	onions co	INITION TO DEATH BOT	NOT KEDATED TO	THE TERMINAL DISEA	DE OR CONDIT	TON OIVE	THE PART I(O)		
NOI	190, DATE OF OPERATION 196, 0	ONDITION	OR WHICH OPERATION WAS P	EDEUDWED	20a. AUTOPSY?	_	20b IF	YES, WERE FINDINGS	CONSIDERED IN	FPTIEVING
CERTIFICATION	170. DATE OF OPERATION	.ONDITION I	OK WITH OF EKATION WAS F	EKTOKMED	YES T	NO 🗀		OF DEATH?	CONSIDERED IN	LLK III 7 INO
ERTI	210. ACCIDENT WAS UNDERLYIN	2 216	TIME OF INJURY	121, 40			en of injur	ry in Port 1 or Part 2,	Itam 10 \	
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH	er) HOUI	R A.M. Month Doy Yeo P.M.	r 19			re as injus	y in Pott 1 of Putt 2,	Hein 10.)	
W	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF II	VJURY ( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f. LOG	ATION Street at R.	F.D. No.	City	ar Tawn	Caunty	Stote
	22a. I certify that (I) (thi	s haspita	I) attended the decea	sed from A	or. 2	19 66	, ta_J	une 27, 19	68, tha	t (I) (we) last
	saw the deceased al	ive an_	June 27	.19. <b>68</b> , and	that in (my) (at	ır) apinian	death a	accurred an the d	ate and haur	and fram the
	causes stated abave	, (I) (we)	(did) (did nat) view the	e bady after d	eath.	ADIL				
	296 SIGNITURE	1	treester	DEGRE	E PHYS.	MED.	OR	CTAFF	ne 29	1968
	22d. PHYSICIAN'S NAME (Type) Charle	s H	Stonesfer	M.D.	22e. ADDRESS  Gree	nsboi	0.	Md. 2163	59	
230	. BURIAL, CREMATION, 23b. D	ATE	23c. NAME OI	F CEMETERY OR				ON (City ar Tawn)	(Caunty)	(State)
		-30-6	58 Green	nsboro				nsboro, C	aroli	ne. Md
24:	FUNERAL DIRECTOR	, )	Greensb	2	25g	REC'D BY REG		25b. REGISTRAR'	S SIGNATURE	
1	1 stoutles	A/			JAST		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper. Pages 1 and 2 stood be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss after death.

Page 4 may be retained by the haspital ar attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08286

CERTIFICATE OF DEATH

38290

1.	PLACE OF DEATH o. COUNTY Caroline		2. USUAL RESIDENCE (Where dece	osed lived, if institution: Residence b. COUN <b>CAPO</b>	ce before odmission)
	Carotthe	MARYLAND	Md.	Caro	TITTO
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Templeville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL ond give	e neorest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (IF not	in hospital give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	R D 1 Box 154	iii nospitoi, give siteet oddiess,	R D 1 Por 1	E I	ON A FARM? YES NO
3.	NAME OF First	t Middle	Lost 4. DATE	74 Month	Doy Year
	DECEASED (Type or print) ELLA W	ROBINS	ON OF DEAT	June 5. 196	
S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER I	
	F W	WIDOWED DIVORCED	Nov. 21, 1878	lost birthdoy) Months yrs.	Doys Hours Min.
	o. USUAL OCCUPATION (Give kind of work done ring most of working life even if retired)  HOUSE WIFE	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or	COL	IZEN OF WHAT UNTRY?
_	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1_0	
	Robert R. Whaley		Ella Rebecci	a MacFarland	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?		. INFORMANT	Address	A STATE OF THE STA
(A	'es, no, or unknown) (If yes give wor or dotes of s	service)	velyn Taylor -	Monnlowille	Md.
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	e per line for (o), (b), ond (c).)	Durding 1 Del	atalina	INTERVAL BETWEEN ONSET AND DEATH
	4129 DUE TO			, , , , , , , , , , , , , , , , , , , ,	
	Conditions, if ony, which gove (b)	) Clime	Tuy remetito		
	stoting the underlying couse DUE TO	0	" It	251	
	last. (c		Departures 1 or	1 414	
N.	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
S E	4222	7.7	tiles 1		YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter notice of injury in Port 1 or Po	ort II of item 18.)	
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Hour o.m.		LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	(City or town) (Cou	inty) (Stote)
W	p.m. 20 19	While Not While of work	octory, street, office blog., etc.)	^ -	
		ital) attended the deceased fram	ng death accurred at 1 / 32		, that (I) (we) last
	saw the deceased alive an	Ten 2 1967, alla II	igi dedili accorred di 11 200		
	220. SIGNATURE	of affect	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS. D	TE SIGNED
	22c. PHYSICIAN'S NAME (Type)	William	22d. ADDRESS	elf Wel	
	o. BURIAL, CREMATION, 23b. DATE THER			LOCATION (City or Town)	(County) (Stote)
L	REMOVAL (Specify) Burial 6-	8-68 Templevil	le Ter	npleville TRAR 25b. REGISTRAR'S SI	Md
	4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGIS	TRAR 2Sb. REGISTRAR'S SI	GNATURE
	Im & Marin	ck Newark	Scha DATE JUN 16	1968 OCL	1. 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician ond completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs at Page 4 may be retained by the hospital or ottending physicion.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08291 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME 20. DATE KNOWN Year (Type or Print) 13 ° M Dennis 19681 2, and 3 ta PM3. Page Thomas DEATH MATERIX E TO 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOLINCED DEAD 2d. HOUR 3 SEX 5 DATE OF BIRTH Doy 1968 Year 19 Male Col Oct. 10. 1949 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, miner's Office alang with farm country) Delaware U.S.A. WIDOWED [ DIVORCED [ Caroline 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital hours after death 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR gre/wenders N. Of Greensbore during mest of working life, even if retired.) Rural Greensboro None 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTIEW Castle Wilmington YES 1 NO land2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Dennis R. Thomas Doris Groce 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (Yesho or unknown) 222-34-0190 Doris Thomas 1327 E. 24 St Wil. Del APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH Subdural Hematoma Fracture of skull PART I. DEATH WAS CAUSED BY: IN TOLD LIGHT certificate shauld be execu IMMEDIATE CAUSE (o) 4 shauld be farwarded ta the Chief Med DUE TO, OR AS A CONSEQUENCE OF Fracture Cervical Spines Conditions, if ony, which gove minutes rise to immediate couse (a), please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Fracture of ribs right side ninutes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO DE 21g. EXTERNAL CAUSE WAS 21b, TIME OF INJURY Manth, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY XOR CONTRIBUTING crematian, SICAL EXAMINER: to makea curve overturned failure CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town afactory, office building etc.) 3 may be retained tar yaur FUNERAL DIRECTOR: Page imile north of Greensboro Maryland 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian the funeral director. death resulted from: Natural causes Accident | Suicide | Hamicide CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or county) preston NAME (Type) Harold B. Plummer M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) Goldsboro 25a. REC'D BY REGISTRAR Greensboro, Md. DAJUN VR A15ME (5) 1DM REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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